

LIFESAVER PAGE



Your local Rescue, Ambulance and Transport Services have been notified to check beside your phone for the Health & Medical Directory, and to look for this page should you be unable to communicate with them. Please print clearly, keep information up-to-date, and keep the directory beside your telephone . . . it could be a lifesaver!

NAME _____

ADDRESS _____

DOCTOR _____ PHONE _____

DOCTOR _____ PHONE _____

BLOOD TYPE _____ BIRTHDATE _____ SEX _____

IN CASE OF EMERGENCY, CONTACT THIS FRIEND/FAMILY MEMBER:

NAME _____ PHONE _____

NAME _____ PHONE _____

I HAVE A COMMUNICABLE DISEASE NO YES DISEASE _____

I AM ALLERGIC TO _____

MY MEDICAL PROBLEMS ARE: (List all problems in order of severity, please note any recent surgeries) _____

I TAKE THE FOLLOWING MEDICATIONS (Please list medication, dosage and frequency) _____

EMS - NO CPR DIRECTIVE? _____ WHERE IS IT? _____

HEALTH CARE PROXY ON FILE AT _____

LIVING WILL ON FILE AT _____

OTHER INFORMATION/REMARKS _____

